

UTILIZATION REPORT
FOR
MISCELLANEOUS FEDERAL GRANT PROGRAM APPROPRIATION
AND PERSONNEL AUTHORIZATION REQUEST
A.C.A. §19-7-501 ET SEQ.

Date: _____ Grant ID: _____ Legislative Review Date: _____

Agency: _____ Program Title: _____

Granting Organization: _____ Grant #: _____

Effective Date of Authorization: _____ Beginning: _____ Ending: _____

Purpose of Grant / Reason for addition or change: (include attachments as necessary to provide thorough information):

Project-Grant Funding

Business Area Code: _____

Funds Center Code: _____

Fund Code: _____

Functional Area Code: _____

Continuation of Existing Program: _____

Change in Existing Program: _____

New Program: _____

	New Federal Funds	State Matching Funds	Other Matching Funds	Project Total
Regular Salaries				-
Extra Help				-
Operating Expenses				-
Personal Services Matching				-
Conference & Travel Expenses				-
Professional Fees				-
Capital Outlay				-
Data Processing				-
Other:				-
Other:				-
Total	\$ -	\$ -	\$ -	\$ -

Funding Percentages				Type of Federal Grant	
	Federal	State	Other	Total	
FY03				0%	WIA _____
FY04				0%	
FY05				0%	Non-WIA _____
FY06				0%	
FY07				0%	

Anticipated Duration of Federal Funds: _____

OIT Approval

Date

Items requested for information technology must be in compliance with Technology Plans as submitted to OIT.

* Gr 66 & 99 only

Positions to be established: (list each position separately)

Personnel Area	Position Number	Cost Center	Commitment Item	Position Title	Class Code	Grade	Line Item Maximum *

State funds will not be used to replace federal funds when such funds expire, unless appropriated by the General Assembly and authorized by the Governor.

Approved by:

Agency Director

Date

Office of Budget

Date

Office of Personnel Mgmt

Date